

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

7591

State File No.

Registrar's No.

BIRTH NO.		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		State File No.		Registrar's No. <u>106</u>			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
a. COUNTY <u>Callaway</u>					a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>						
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>					c. CITY (If outside corporate limits, write RURAL and give township) <u>PALMYRA</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>					d. STREET ADDRESS (If rural, give location) <u>-</u>						
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Sallie</u>		b. (Middle) <u>(SARY)</u>		c. (Last) <u>Hamilton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 2 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 10, 1869</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Days <u>1</u> Hours <u>22</u> IF UNDER 24 HRS. Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Marion Co Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>	
13a. FATHER'S NAME <u>Jacob Stover</u>				13b. MOTHER'S MAIDEN NAME <u>Mary - 0---</u>				14. NAME OF HUSBAND OR WIFE <u>dead</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>				16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records</u>				ADDRESS <u></u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile dementia</u>					ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>						
					DUE TO (c) <u></u>						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>450</u>											
19a. DATE OF OPERATION <u></u>				19b. MAJOR FINDINGS OF OPERATION <u></u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>2-1-49</u> , 19 <u>49</u> , to <u>4-2-49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-2-49</u> , 19 <u>49</u> , and that death occurred at <u>11:45 A.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>M. D. Miller</u> (Degree or title) <u>M.D.</u>						23b. ADDRESS <u>State Hospital, Fulton, Mo</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>						24b. DATE <u>Apr 2 1949</u>					
24c. NAME OF CEMETERY, OR CREMATORY <u>Providence Cemetery</u>						24d. LOCATION (City, town, or county) (State) <u>Marion County Mo</u>					
DATE REC'D BY LOCAL REG. <u>April 2-1949</u>						25. FUNERAL DIRECTOR'S SIGNATURE <u>Lawrence M. Higgins</u> ADDRESS <u>Fulton, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 14 1949

No. 300

10. 48

RECEIVED
District Health Officer No. 9,
District File Number
APR 12 1949
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Walter J. Haine, Jr.

Licensed Embalmer No. 455

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.